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SERIAL NUMBER 08/947,668	FILING OR 371(c) DATE 10/09/1997 RULE 1.60	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. OHI 1717-004
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**APPLICANTS**

TRACEY C. SLEMKER, BROOKVILLE, OH;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 08/516,557 08/18/1995 PAT 5,702,489

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED** \*\* SMALL ENTITY \*\*  
 \*\* 02/12/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 1	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

08698

**TITLE**

VALVE ASSEMBLY FOR A PROSTHETIC LIMB

FILING FEE RECEIVED 1002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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